



Financial Form

Academy Name: _____

Installment Plan Option
<p>\$200 Deposit Due with Application</p> <p><u>Installment Plan Options</u> Based on the time of program enrollment (January- June 2019)</p> <p>____ Pay In Full ____ 6 Installments ____ 5 Installments ____ 4 Installments ____ 3 Installments ____ 2 Installments</p>

Student Name: _____ Home Address: _____

Email: _____ Phone: _____

Person Responsible for payment: _____ Best Number to Reach You _____

Credit Cards Preferred

Credit Card Type: Visa MasterCard Discover AMEX **Name on Card:** _____

Card Number _____ **CVV2** _____ **Expiration Date:** _____

____ I do hereby authorize the CCEDC to charge my credit card for the \$200 deposit.

____ I do hereby authorize CCEDC to charge my credit card by the 10th day of the month in the amount of _____ for tuition cost associated with the STEM Innovation Academies installment plan.

Name

Date

Cancellation policy – Refunds will not be accepted after 30 days of this agreement.

Checks Accepted

Make checks payable to: CCEDF, Attn: STEM Innovation Academies, 737 Constitution Drive, Exton, PA 19341

